

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2280

Registration District No. 128
SIS

Primary Registration District No. 2000

Registrar's No. 53

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1427 S. FREMONT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH PRICE3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 5. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec 17 1862 years
7. Birth date of deceased FEB. 17 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 0 If less than one day hr. min.9. Birthplace Unknown KY. 1
(City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business In home12. Name JAMES BARNES13. Birthplace Unknown KY 1
(City, town, or county) (State or foreign country)14. Maiden name SARAH GILL15. Birthplace Unknown KY 1
(City, town, or county) (State or foreign country)16. (a) Informant Lee Price(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof Jan 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Danforth Cem.18. (a) Signature of funeral director J. W. Klingner & Co(b) Address Springfield, Mo.19. (a) 1-20-43 (b) J. W. Klingner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town Springfield Rural, Campbell
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 427 S. Fremont Route 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17
year 1943 hour 11 minute 25 P. M.21. I hereby certify that I attended the deceased from Jan. 2 1943 to Jan. 15 1943
that I last saw her alive on Jan. 15 1943
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Nephritis Duration ?Myocardial Degeneration ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131

Of autopsy _____

98X (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.